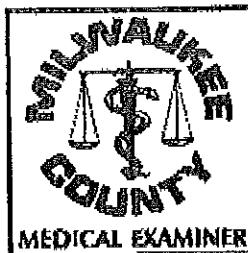


12-03334



OPEN RECORDS REQUEST

FAX TO: 414-223-1237

MAIL TO:
ATTN: RECORDS
933 W. HIGHLAND AVENUE
MILWAUKEE, WI 53233

Please fill out completely and print.

Name of Deceased: John Adam Kriewaldt

Date of Birth: _____ Date of Death: 07/30/2012

REPORTS REQUESTED:

Investigator's Report 1 Autopsy Protocol 1

Toxicology Report _____ Other (Please List) _____

RECORDS REQUESTED BY:

Name: Garrett Ameigh

Address: 403 Miller Ave

City: Madison State: WI

Zip: 53704 Phone: 6198089741

Relationship to Deceased: None

REPORTS TO BE:

Mailed: Picked Up:

NOTE:

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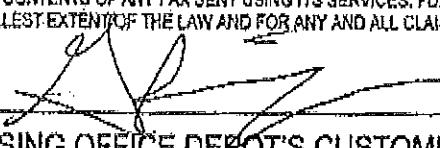
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Milwaukee County
Medical Examiner's Office
933 W. Highland Avenue
Milwaukee, WI 53233
(414) 223-1200 Fax (414) 223-1237

DEMOGRAPHIC REPORT



CASE NUMBER 12-03334
SUGGESTED MANNER Undetermined
CASE TYPE Exam
JURISDICTION Milwaukee County ME

CALL INFO	NAME OF DECEASED (LAST, FIRST MIDDLE) Kriewaldt, John A.			AKA			
	CALL TAKEN BY Crystal Wiliams		REPORTED BY RN Jeannine Lynch	REPORTING AGENCY St. Josephs Hospital			
DECEDENT	CASE INITIATED AT 7/30/2012 10:48:00 PM			SCENE VISIT INVESTIGATOR AT SCENE			
	RESIDENCE (STREET, CITY, STATE, ZIP) 2253-A S. Muskego Ave Milwaukee, WI 53215			TELEPHONE NO. 414-384-9640		COUNTY Milwaukee	
	DATE OF BIRTH 11/11/1981	AGE 30 Years	RACE White	GENDER Male	HEIGHT	WEIGHT	MARITAL STATUS Never Marrie
	EYE COLOR	HAIR COLOR	OCCUPATION		EMPLOYER		
	DATE AND TIME PRONOUNCED 7/30/2012 10:39:00 PM	PRONOUNCED BY Dr. Nena Stanley		AGENCY Attending Physician			
	LOCATION OF DEATH St. Joseph's Hospital ICU					AT RESIDENCE	
	ADDRESS (STREET, CITY, STATE, ZIP) 5000 W. Chambers Milwaukee, WI 53216			COUNTY Milwaukee			
	DATE AND TIME FOUND	FOUND BY		FOUND BY AGENCY			
	DATE AND TIME LAST SEEN ALIVE	LAST SEEN ALIVE BY			RELATIONSHIP		
	ADDRESS WHERE LAST SEEN ALIVE						
IDENTIFIED BY Dawn Szymanski	RELATIONSHIP Aunt	METHOD In Person		DATE AND TIME 7/30/2012 10:40:00 PM			
INCIDENT							
POLICE AGENCY							
NOTIFICATION				FAMILY CONTACT Dawn Szymanski ADDRESS (STREET, CITY, STATE, ZIP) Dousman, WI FAMILY NOTIFIED BY Present at Scene			
				Primary Contact <input checked="" type="checkbox"/>	RELATIONSHIP Aunt TELEPHONE NO. (414) 587-2762		
				METHOD Present at Scene		DATE AND TIME	
DISP		FUNERAL HOME Sass, Max & Sons		DATE OF EXAM 7/31/2012 9:00:00 AM	TYPE OF EXAM Complete Autopsy	EXAM LOCATION MCMEO	
		FUNERAL HOME PHONE () 645-4992		PATHOLOGIST Brian L. Peterson, M.D.		AUTOPSY WISHES Awaiting Response	
		TRANSPORTED BY		AUTOPSY SUPERVISED BY			

Milwaukee County Medical Examiner
933 W. Highland Avenue
Milwaukee, WI 53233
(414) 223-1200

Case Number : 12-03334
Investigator : Crystal Williams
Date of Death : 07/30/2012
Date Today : 10/9/2012

INVESTIGATION REPORT

Decedent: John A. Kriewaldt

12-03334

SYNOPSIS

The deceased is a 30 year-old male that died at St. Joseph's Hospital following an incident that occurred at his home, group home and with police on 7/28/12. CLW

DESCRIPTION OF INCIDENT

12-03334

On 7/30/12 at 2248 hrs, RN Jeannine Lynch - St. Joseph's Hospital ICU called this office to report the death of 30 year-old John A. Kriewaldt. The deceased was admitted on 7/28/12 in cardiac arrest. He has been on a ventilator since his admission. He has also coded several times during his admission. The death was pronounced at 2239 hrs by Dr. Nena Stanley. Family was present at the time of death. CLW

7/29/12 1117:

I received a call from MPD Lt. Keith Balash. He was inquiring whether this office had been notified of the pending death of John A. KRIEWALDT (w/m, DOB 11/11/1981). I informed him that we were aware of the pending death but did not have the circumstances according to police.

The subject lives at the Thurston Group home located at 5734 N. 94th Street, Milwaukee. He had a history of bi-polar disorder, autism, seizures and was mildly mentally challenged. On 7/19/12 he was released from the group home back to the custody of his mother, Helen L. Kriewaldt (12/20/1960, 2253A S. Muskego Avenue, Milwaukee, h: 384-9640 or c: 6401420). The mother called police yesterday 7/28/12 at around 1600 hours and said her son was acting strange. Officers went to the house and conducted a scene investigation. The subject was not taken into custody at that time.

The mother then conveyed John back to the group home and told them he was acting violent. He was not taking his medications, he was breaking things in the house and eating his own feces. The group home continued having problems and they called 911 at 2207 hrs saying John was being combative and was forcing himself to vomit.

Officers responded to the scene and John walked up to one officers and slapped him. He was handcuffed and taken into custody. He was placed in the back of a squad and police continued their investigation. While John was seated in the squad he was beating his head against the cage and "opened up his head." They sent for additional squads and removed the subject from the squad. They called for medical and Paratech ambulance responded to the scene. While they were attending to him, John went unresponsive. They called for the Milwaukee Fire Department and a med unit responded. They recovered a faint pulse and he was transported to St. Joseph's Hospital.

A brain death study was done yesterday and the subject was placed on a vent. Milwaukee Police was told today that his blood pressure was very low and death was imminent.

Lt. Balash stated there was no camera running in the vehicle as there were no keys in the ignition. There was also some reports in the media that the subject was tased. Lt. Balash stated the officers at the scene were not outfitted with tasers. AME

7/29/12 1134:

I contacted RN Bill at St. Joseph's Hospital and he stated John was not brain dead but had blood pressures in the 50's and was on 4 vasopressors. He was made a no code but the family did not want to remove support. AME

MPD Lt. Paul Kavanaugh was made aware of the death.

CLW

On 7-31-12 Mike Martin obtained antemortem specimens from St. Joseph and these were placed with the body. Also medical records were requested from the hospital. G. Penn

SOCIAL HISTORY

12-03334

According to family, the deceased did not smoke cigarettes, drink alcohol or use illicit drugs.

CLW

FAMILY CONTACT INFORMATION

12-03334

I spoke with the aunt - Dawn Szymanski, she stated that the mother is suicidal and family is staying with her to help her. She will be handling information regarding John and informing the mother of all information. The family understands that an autopsy will take place, she said that the family was made aware when he was admitted to the hospital that this would be a medical examiner's case. The family has chosen Max Sass Funeral Home to handle final arrangements.

CLW

DISPOSITION OF BODY

12-03334

Transported to MCMEO, Autopsy

PROPERTY	Type	Description	Comment
12-03334			NO CLOTHING RECOVERD AT AUTOPS



Milwaukee County Medical Examiner
933 W. Highland Avenue
Milwaukee, WI 53233
(414) 223-1200 Fax (414) 223-1237

Case Number:

12-03334

Final Cause Of Death

Name of Deceased

John A. Kriewaldt

Date and Time of Death

7/30/2012 10:39:00 PM

Age

30 Years

Immediate Cause of Death

Complications of lobar pneumonia

Due to (A)

Due to (B)

Due to (C)

Other Significant Conditions

Final Manner of Death

Natural

Date Signed

9/4/2012

Death Certificate Signed By

MCMEO

Milwaukee County Medical Examiner
933 W. Highland Avenue
Milwaukee, WI 53233

AUTOPSY PROTOCOL

NAME: KRIEWALDT, JOHN A. SEX: MALE AGE: 30 YEARS

DOB: 11/11/1981

DATE OF DEATH: JULY 30, 2012 TIME: 2039

DATE OF AUTOPSY: JULY 31, 2012 TIME: 0855

PLACE OF AUTOPSY: Milwaukee County Medical Examiner's Office

PERFORMED BY: Brian Peterson, MD
Medical Examiner

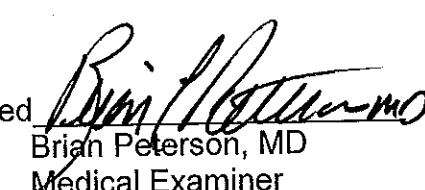
WITNESSED BY: A'Shawnte Stevens
Forensic Pathology Assistant

Michael Braunreiter, PSSI
Milwaukee Police Department

CAUSE OF DEATH: Complications of lobar pneumonia

MANNER OF DEATH: Natural

Signed


Brian Peterson, MD

Medical Examiner

8/31/12
Date Signed

NOTES BY: WE TYPE/SG, MEDICAL TRANSCRIBER

**Milwaukee County Medical Examiner
933 West Highland Avenue
Milwaukee, WI 53233**

AUTOPSY PROTOCOL

Final Diagnoses:

- I. Lobar pneumonia, both lower lobes
- II. Pericardial adhesions
- III. Serous pleural and peritoneal effusions
- IV. Cerebral edema with encephalomalacia
- V. Cutaneous contusions and abrasions

Toxicology:

Antemortem blood lorazepam 18 ng/mL.

WITNESSES:

Personnel present during portions of the autopsy include Brian Peterson, MD, Medical Examiner; A'Shawnte Stevens, Forensic Pathology Assistant; and Michael Braunreiter, PSSI, Milwaukee Police Department.

CLOTHING:

None.

EVIDENCE OF MEDICAL THERAPY:

Orotracheal and orogastric tubes are appropriately positioned. Intravenous catheters are in the right side of the neck, each antecubital fossa, and the dorsum of the right wrist. An additional line is in the left radial artery. Defibrillation burns are over the mid chest. A Foley catheter attaches to a collection device containing a few milliliters of yellow, clear urine.

GENERAL EXTERNAL EXAMINATION:

The nude, cool, unembalmed body is that of a well nourished, well developed, white male that measures 70 inches, weighs 185 pounds, and appears consistent with the listed age of 30 years. The scalp hair is black, wavy, and up to 1 inch in length in a distribution of male pattern baldness. The irides are brown. The corneae are clear. The sclerae and conjunctivae are unremarkable. The dentition is natural and in good repair. Injuries of the head, torso and extremities will be described below. Aside from injury, the neck is unremarkable externally. The breasts and chest are unremarkable. The abdomen is slightly protuberant. There is a 4-inch well-healed incision in the right lower quadrant of the abdomen. The external genitalia are those of a circumcised adult male with bilaterally descended testes. The extremities, back, and anus are unremarkable. Lividity is dorsal, but not fixed, and rigor mortis is easily overcome in the extremities.

EVIDENCE OF INJURY:

HEAD AND NECK: 5-1/2 inches above the glabella and 1 inch to the left of the midline is a 1/2 x 1/8 inch red abrasion on the scalp. 3-1/4 inches above the glabella in the midline is a 1/4 x 1/4 inch red abrasion. 2-1/4 inches above the glabella in the midline extending to the left is a 1 x 1/4 inch rectangular red abrasion. 1-5/8 inch above the glabella in the midline is a 1/2 x 1/8 inch red abrasion. 1-1/4 inches above the glabella and 1/2 inch to the right of the midline is a 1/2 x 1/16 inch abrasion. These are cutaneous injuries only; there is no subgaleal hemorrhage, no skull fracture, and no epidural, subdural or subarachnoid hemorrhage. 2-1/2 inches above the glabella and 3 inches to the right of the midline is a 1/2 x 1/4 inch red abrasion. At the corner of the mouth on the right is a 1/2 x 3/8 inch red abrasion associated with the position of the endotracheal tube.

TORSO: On the superior aspect of the right shoulder is a 1-1/4 x 1-1/2 inch red brush abrasion extending from posterior to anterior. On the anterior surface of the right axillary fossa is a 2-1/4 x 1-1/2 inch red abrasion associated with lavender contusion that extends onto the shoulder. At the base of the neck on the left is a 1 x 7/8 inch contusion. On the posterior aspect of the left shoulder is a 1 x 2 inch purple contusion. 12 inches below the vertex and 4 inches to the right of the posterior midline is a 3 x 2 inch purple contusion on the medial aspect of the right scapula; just lateral to this injury, 12-1/2 inches below the vertex and 5 inches to the right of the posterior midline is a 1-1/4 x 1 inch red contused abrasion. There is no deeper injury associated with these cutaneous lesions.

EXTREMITIES: A 4 x 3 inch group of superficial red abrasions is on the left knee; the largest individual abrasion measures 3/4 x 1/8 inch. Two abrasions are on the left shin in the midline, the largest measuring 1/4 x 1/4 inch. A 4 x 2-1/2 inch group of six red abrasions is on the right knee; the largest measures 3/8 inch in greatest dimension. A 1 x 1/8 inch linear red abrasion is on the right shin. Two red abrasions are on the left second metacarpophalangeal joint, the largest measuring 1/4 inch in greatest dimension.

GENERAL INTERNAL EXAMINATION:

BODY CAVITIES:

The body is opened using the standard Y-shaped and inner mastoid incisions and the chest plate is removed. There are no adhesions in the pleural, pericardial, or peritoneal spaces. Approximately 100 mL of serous fluid are in each pleural space, with approximately 250 mL of serous fluid in the peritoneal space. All body organs are in normal and anatomic position, and the midline anterior abdominal fat layer measures 1/2 inch.

CENTRAL NERVOUS SYSTEM:

The scalp is reflected to reveal an intact calotte; there is no subgaleal hemorrhage. The calotte is removed to reveal intact dura mater without epidural hemorrhage. The dura mater is incised and reflected to reveal symmetrical cerebral hemispheres without subdural or subarachnoid hemorrhage. The structures at the base of the brain, including cranial nerves and blood vessels are intact, and the upper spinal cord is unremarkable. Coronal sections through the cerebrum and transverse sections through the cerebellum and brainstem reveal cerebral edema with encephalomalacia. The brain weighs 1390 grams.

NECK:

The strap muscles are uninjured. The hyoid bone, cricoid, and thyroid cartilage are intact.

GASTROINTESTINAL TRACT:

A longitudinal section through the tongue reveals no lesions. The mucosa of the esophagus, stomach and duodenum is intact, and the gastric lumen is empty. There are no abnormalities of the small and large intestines, and the appendix is absent.

RESPIRATORY SYSTEM:

The mucosa of the larynx, trachea, and bronchi is pink-tan and unremarkable; neither excessive mucous nor foreign debris are within the airways. The normally lobated lungs are covered by glistening pleural surfaces. Sections reveal a markedly congested parenchyma exuding large amounts of serosanguineous fluid on cutting; early consolidation in a pattern of red hepatization characterizes the right lower lobe and left lower lobe. There are no abscesses. No further focal lesions are noted. The pulmonary arteries and veins are normally distributed and unobstructed. The right lung weighs 1200 grams and left lung weighs 930 grams.

CARDIOVASCULAR SYSTEM:

Filmy adhesions are between the epicardial surface and the pericardial sac. The heart weighs 500 grams. Serial sections through the right dominant coronary arteries reveal that they are patent, without significant atherosclerosis or thrombus. Sections through the myocardium reveal that it is uniformly red-brown and firm. The left ventricle is symmetrically thickened to 1.7 cm; the remaining chambers and valves are unremarkable. The great vessels exit and return to the heart in a normal distribution and are unobstructed.

RETICULOENDOTHELIAL SYSTEM

The 330 gram spleen is covered by a wrinkled gray intact capsule. Sections reveal a congested red pulp and normal distribution of white pulp. The regional lymph nodes and bone marrow are grossly unremarkable.

HEPATOBILIARY SYSTEM:

The 3050 gram liver is covered by a glistening, intact capsule. Sections reveal a uniform brown parenchyma. The external biliary tree is normally distributed, and the gallbladder contains approximately 5 mL of dark yellow liquid bile. The pancreatic parenchyma is lobular and tan, and the ducts are clear.

GENITOURINARY TRACT:

The renal capsules strip with ease to reveal smooth cortices. The cortices, measuring up to 0.9 cm in thickness, are well demarcated from the unremarkable medulla and collecting system. The ureters follow the normal course to the urinary bladder, containing approximately 30 mL of yellow, clear urine. The prostate gland and testes are palpably unremarkable. The right kidney weighs 190 grams and the left kidney weighs 210 grams.

ENDOCRINE SYSTEM:

The pituitary gland, thyroid gland, and adrenal glands are normal in size, shape and location.

MUSCULOSKELETAL SYSTEM:

There are no bone or joint abnormalities. The skeletal muscle is red-brown and firm.

SPECIMENS:

At the time of autopsy, DNA blood card, stock tissue sections in formalin, iliac blood, liver, vitreous humor, bile, urine, four tubes of antemortem blood, and a container of urine from the hospital are retained.

MICROSCOPIC EXAMINATION:

Sections of lung reveal a pattern of lobar pneumonia, with red cells, fibrin, and polymorphonuclear leukocytes filling alveoli of both lower lobes. Sections of liver show increased portal chronic inflammation and acute passive congestion. Sections of spleen, kidney, heart, cerebrum and cerebellum are unremarkable.



OFFICE OF THE MEDICAL EXAMINER

Milwaukee County

Date 8/27/2012 ME Case No. 12-3334
Name Kriewaldt, John A. Age 30 years Autopsy Date 7/31/2012
Specimens Received 7/31/2012; Antemortem specimen collected on 7/29/2012 at 0345 hours Pathologist: Brian Peterson, MD

REPORT OF TOXICOLOGICAL ANALYSIS

Ethyl Alcohol:	Blood gm% W/V	Subdural gm% W/V	Vitreous gm% W/V	AM Blood gm% W/V
				None Detected

Complete Toxicology Screen:

AM Blood immunoassay screen:	Cocaine	None Detected
	Opiates	None Detected
	Oxycodone	None Detected
	Methadone	None Detected
	Buprenorphine	None Detected
	Fentanyl	None Detected
	Benzodiazepines	Positive
	Cannabinoids	None Detected
	Amphetamine	None Detected
	Methamphetamine	None Detected

Analyte Quantitation:

<u>Analyte</u>	<u>Specimen</u>	<u>Results</u>	<u>Method</u>
Lorazepam	AM Blood	18 ng/mL	*NMS *See separate report

Gwyn Doss, B.S., MT(ASCP)
Technical Supervisor

Agnieszka Rogalska M.D.
Assistant Medical Examiner